

STATE OF MAINE
BOARD OF FUNERAL SERVICE
APPLICATION FOR LICENSURE

• **PRACTITIONER**



Department of Professional and Financial Regulation
Office of Professional and Occupational Regulation
35 State House Station
Augusta, ME 04333-0035

Office Telephone: (207) 624-8626
Office Facsimile: (207) 624-8637
HEARING IMPAIRED (888) 577-6690
Internet: www.maine.gov/professionallicensing

Office located at: 76 Northern Avenue, Gardiner, Maine

APPLICANT INFORMATION GUIDE

The application material you have requested from the Board of Funeral Service is enclosed. It contains all the relevant materials you need to complete your application for licensure in the State of Maine. Please read all the information carefully. If you have any questions after reading this packet, please call or e-mail our office.

FURNISHED TO APPLICANT

- Application Guide for Licensure
- Individual License Application
- Verification of Licensure Form
- State Written Examination Study References and Links

ADDITIONAL RESOURCES

- Licensing Law for Funeral Practitioners

Please read these carefully and review periodically for changes. You are responsible for knowing and complying with all Maine Laws throughout your licensure.

Available: <http://www.mainelegislature.org/legis/statutes/32/title32ch21sec0.html> or call (207) 624-8626

- Licensing Rules for Funeral Practitioners

Please read these carefully and review periodically for changes. You are responsible for knowing and complying with all Board Rules throughout your licensure.

Available: <http://www.maine.gov/sos/cec/rules/02/chaps02.htm#331> or call (207) 624-8626

- Licensing Rules for the Department of Professional and Financial Regulation

Please read these carefully and review periodically for changes. You are responsible for knowing and complying with Office of Professional and Occupational Regulation Rules, Chapters 10, 11 and 13, throughout your licensure.

Available: <http://www.maine.gov/sos/cec/rules/02/chaps02.htm#041>

- Statutory Authority, Titles 5 & 10

Available: <http://www.mainelegislature.org/legis/statutes/10/title10ch901sec0.html>

<http://www.mainelegislature.org/legis/statutes/5/title5ch341sec0.html>

APPLICATION PROCEDURE

- Please submit your application materials to the Board by mail or hand delivery to our offices. Fax submissions will not be accepted. Your application will be reviewed and processed in the order that it was received.
- If there are deficiencies with your application, you will be notified by mail. You may also check the Board's website. It is the responsibility of the applicant to see that all documentation is completed and returned to the department for consideration.
- Please do not call our office regarding the status of your application. Information regarding the status of applications may be found at the Office of Professional and Occupational Regulation's website: http://www.maine.gov/pfr/professionallicensing/license_search.htm. We appreciate your thoughtful attention to this request.
- This is an annual license, renewable on the last day of February of each year. Renewal reminders are sent to each licensee's last known address. All name and/or address changes must be reported to the Board, **in writing**, throughout your licensure pursuant to Title 10, §8003-G(2).

PRACTITIONER

A Funeral practitioner shall mean any licensed person engaged or holding themselves out as engaged in embalming and/or funeral directing, whether on their own behalf or in the employ of another, and shall include any person who shall use, in connection with their name, the words "embalmer," "funeral director," "mortician," or "undertaker" or any other words or title implying they are designating themselves to be an embalmer and/or funeral director.

There are two (2) pathways to licensure as a funeral practitioner.

Standard applicants must submit the following:

- ☐ A completed and signed Application for Licensure;
- ☐ Payment of a Licensure Fee of \$230.00;
- ☐ Payment of a State Practical Examination Fee of \$75.00;
- ☐ Payment of a Criminal History Check Fee of \$21.00;

Note: All fees can be in one payment.

- ☐ Copy of birth certificate (if not submitted previously);
- ☐ Proof of completion of high school or its equivalent (if not submitted previously);
- ☐ Transcript(s) documenting completion of one (1) year of mortuary school and one (1) year of college or two (2) years of mortuary school;
- ☐ Written proof of successful completion of the apprenticeship program (copy of certificate of completion accepted); and
- ☐ Written proof of a passing score on the National Conference Examination.

Upon submission of the above documentation, your application will be reviewed. Upon approval, you will be notified of the procedure for taking the State written and practical examination(s).

Applicants licensed in another state must submit the following:

- ☐ A completed and signed Application for Licensure;
- ☐ Payment of a Licensure Fee of \$230.00;
- ☐ Payment of a Criminal History Check Fee of \$21.00;

Note: All fees can be in one payment.

- ☐ Official documentation of a passing score on the National Conference Examination;
- ☐ Official transcript(s) documenting completion of one (1) year of mortuary school and one (1) year of college or two (2) years of mortuary school (photocopies will not be accepted under any circumstances);
- ☐ Documented proof of **one** of the following:
 - Written documentation that the applicant has been in active practice in another state for at least three (3) years immediately preceding application in Maine. (As proof, the Board will accept letters from employers that the applicant is actually engaged in their employment.); or
 - Official documentation that the applicant holds an active license from another state that was obtained on the basis of license requirements that are substantially equivalent to Maine
- ☐ Two (2) letters of recommendation from licensed practitioners of funeral service in the applicant's home jurisdiction;
- ☐ Completed Verification of Licensure from all state(s) in which you hold or previously held licensure or registration;
- ☐ Statute and Rules from sending state (if applicable).

Upon submission of the above documentation, your application will be reviewed. Upon approval, you will be notified of the procedure for taking your State Written examination.

STATE OF MAINE DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION

Mailing Address: 35 State House Station, Augusta, Maine 04333 **Courier/Delivery address:** 76 Northern Avenue, Gardiner, Maine 04345
Phone: (207) 624-8603 Fax: (207) 624-8637 Hearing Impaired: (888) 577-6690 Web: www.maine.gov/professionallicensing

Frequently Asked Questions:

- **Where do I send my application?** Our mailing address is 35 State House Station, Augusta, Maine 04333-0035.
- **Where are you located?** 76 Northern Avenue, Gardiner, Maine.
- **What hours are you open?** 8:00 a.m. to 5:00 p.m. weekdays.
- **Can I come to Gardiner to drop off my application?** Yes. You will not leave with a license, though.
- **Can I come to Gardiner to pick up my license?** No. Your license will be mailed to you.
- **How can I check the status of my application?** You can check our website:
www.maine.gov/professionallicensing/license_search.htm.
- **How far back do I go answering the criminal conviction question?** Any conviction, ever.
- **Can I fax my application?** No.

NOTICES

BACKGROUND CHECK: Pursuant to 5 M.R.S.A. §5301 - 5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Office of Professional and Occupational Regulation requires a criminal history records check as part of the application process for all applicants.

PUBLIC RECORD: This application is a public record for purposes of the Maine Freedom of Access Law (1 MRSA §401 et seq). Public records must be made available to any person upon request. This application for licensure is a public record and information supplied as part of the application (other than social security number and credit card information) is public information. Other licensing records to which this information may later be transferred will also be considered public records. Names, license numbers and mailing addresses listed on or submitted as part of this application will be available to the public and may be posted on our website.

SOCIAL SECURITY NUMBER: The following statement is made pursuant to the Privacy Act of 1974 (§7(B)). Disclosure of your Social Security Number is mandatory. Solicitation of your Social Security Number is solely for tax administration purposes, pursuant to 35 MRSA §175 as authorized by the Tax Reform Act of 1975 (42 USC §405(C)(2)(C)(1)). Your Social Security Number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your Social Security Number and it shall be treated as confidential tax information pursuant to 36 MRSA §191.

Before you seal the envelope, did you:

- Complete every item on the application including the criminal background disclosure question.
- Sign and date your application.
- Include the required fee(s). Make checks payable to "Maine State Treasurer" or complete the credit card section on the application. **DO NOT SEND CASH.**
- Make a copy of your application to keep for your records.



**STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION
INDIVIDUAL LICENSE APPLICATION**

APPLICANT INFORMATION (please print)			
FULL LEGAL NAME	FIRST	MIDDLE INITIAL	LAST
ANY OTHER NAMES EVER USED			
DATE OF BIRTH	mm / dd / yyyy	SOCIAL SECURITY NUMBER	
MAILING ADDRESS			
CITY	STATE	ZIP CODE	COUNTY
PHONE ()	FAX ()	E-MAIL	

CRIMINAL BACKGROUND DISCLOSURE	
<i>NOTE: Failure to disclose criminal convictions may result in denial, fines, suspension and/or revocation of a license.</i>	
1. Have you ever been convicted by any court of any crime? (circle one) NO YES	
If yes, enclose a detailed description of what happened (including dates) and a copy of the court judgment.	
2. Has any jurisdiction taken disciplinary action against any professional license you hold or have held, or denied your application for licensure? (circle one) NO YES	
If yes, enclose a detailed explanation and copies of all documents.	
By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application, I affirm that the Office of Professional and Occupational Regulation will rely upon this information for issuance of my license and that this information is truthful and factual. I also understand that sanctions may be imposed including denial, fines, suspension or revocation of my license if this information is found to be false.	
SIGNATURE	DATE

Board of Funeral Service	
<p>Please Select License Type:</p> <p><input type="checkbox"/> Practitioner (PR1421)</p> <p style="text-align: center;">Required Fee: \$326 or \$251 (includes Criminal History Records Check Fee)</p> <p>Please Select Exam Type:</p> <p><input type="checkbox"/> State Practical Exam (2686)</p>	<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;">Office Use Only: 1421 - \$230.00 2686 - \$75.00 2619 - \$21.00</div> <div style="border: 1px solid black; padding: 5px;"><p style="text-align: right; margin: 0;"><small>Office Use Only:</small></p>Check # _____ Amount: _____ Cash # _____ Lic. # _____</div>
Rev. 2/2012	

PAYMENT OPTIONS:	
Make checks payable to "Maine State Treasurer" - If you wish to pay by Mastercard or Visa, fill out the following:	
NAME OF CARDHOLDER (please print)	FIRST MIDDLE INITIAL LAST
I authorize the Dept. of Professional and Financial Regulation, Office of Professional and Occupational Regulation to charge my <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD the following amount: \$_____	
Card number: XXXX-XXXX-XXXX-XXXX	Expiration Date mm / yyyy
SIGNATURE	DATE

Education**(Official transcripts must be submitted directly from Institution)**

Name of Academic Institution:

Mailing Address:

City:

State:

Zip Code:

Degree Granted:

Date Conferred:

Establishment Information

Workplace Name:

Mailing Address:

City:

State:

Zip Code:

Credentialing HistoryHave you ever held a professional license/certification/registration in this or any other state/country? ☐ YES ☐ NO

If yes:

Profession	License #	State/Country	Date Issued	Expiration Date

Have you ever taken a funeral service examination?

☐ YES ☐ NO

If yes:

Exam Title:	Location:
Date Taken:	Select One: <input type="checkbox"/> Pass <input type="checkbox"/> Fail

Affirmation

By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application, I affirm that the Office of Professional and Occupational Regulation will rely upon this information for issuance of my license and that this information is truthful and factual. I also understand that sanctions may be imposed including denial, fines, suspension or revocation of my license if this information is found to be false.

SIGNATURE: _____ DATE: _____



Paul R. LePage
Governor

STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
Board of Funeral Service
35 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0035

Anne L. Head
Director

VERIFICATION OF LICENSURE FORM
Page 1 of 2

The applicant listed below is applying for licensure in the State of Maine. The Maine Board of Funeral Service requests written verification from each state that the applicant holds or has held any certification, licensure, or credential. This is your authority to release any information in your files, favorable or otherwise.

The section below is to be completed by the applicant and forwarded with page 2 to the licensing or certifying authority. Any associated fees are the responsibility of the applicant. If verification of licensure is needed for more than one (1) state, please copy form as needed.

Name:		
Mailing Address:		
City:	State:	Zip Code:
License Number:	State:	Date of Issue:
Signature of Applicant:		Date:

The remaining portion is to be completed by the licensing or certifying authority where the applicant holds or has held a license, certification or credential. Upon completion, the licensing or certifying authority should mail the verification directly to the Board at the above address.

Name of Licensee:		Type of License:
License Number:	Status of License: <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Expired	
Date Issued:	Expiration Date:	



PRINTED ON RECYCLED PAPER

OFFICE PHONE: (207)624-8626

(888) 577-6690 (HEARING IMPAIRED)
OFFICES LOCATED AT: 76 NORTHERN AVENUE,
GARDINER, MAINE

FAX: (207)624-8637

Applicant's Name: _____

**Maine Board of Funeral Service
Verification of Licensure (Page 2 of 2)**

Exam taken: _____

Date exam passed:

If no examination was taken, how was licensure obtained?

☐ Grandfathered ☐ Endorsement/Comity from which state: _____

☐ Other _____

What were the requirements for education at the time the license was issued?

Are there any pending complaints against this licensee? [] Yes [] No

If yes, please explain:

Have there been any other actions taken against this licensee? [] Yes [] No

If yes, please explain:

Is the licensee considered to be in good standing in your state? [] Yes [] No

If no, please explain:

State Board Seal

Signature: _____

Printed Name: _____

Title: _____

State: _____ Phone Number _____

Date: _____



Paul R. LePage
Governor

STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
Board of Funeral Service
35 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0035

Anne L. Head
Director

**Announcement Regarding State Written Examination
For Applicants Seeking Licensure as Funeral Practitioners**

Every applicant seeking licensure as a Funeral Practitioner is required to pass the State Laws and Rules examination. Once your application is **complete and approved**, you will receive notification of eligibility to sit for the exam. You will register with The Conference directly at that time.

You may register for the examination by telephone at (479) 442-7076 or by going to their website:
<http://www.theconferenceonline.org/>

The examination will test applicants' knowledge of current state and federal regulations. The following statutes and rules were used to develop the examination questions. Applicants are encouraged to use the references and links below to study for the examination:

Board of Funeral Service:

Statute Reference: 32 MRSA Chapter 21 – Funeral Directors and Embalmers

Link: <http://www.mainelegislature.org/legis/statutes/32/title32ch21sec0.html>

Rules Reference: State Board of Funeral Service (02 331) Chapters 1-16

Link: <http://www.maine.gov/sos/cec/rules/02/chaps02.htm#331>

Maine Department of Human Services:

Statute Reference: 22 MRSA Chapter 707 – Deaths and Burials

Link: <http://www.mainelegislature.org/legis/statutes/22/title22ch707sec0.html>

Rules Reference: Office of Data, Research and Vital Statistics (10 146) Chapters 1 & 5

Link: <http://www.maine.gov/sos/cec/rules/10/chaps10.htm> (Ref: 10 146)

Federal Trade Commission:

Statute Reference: 16 CFR Chapter 1, Part 453 – Funeral Industry Practices

Link: http://www.access.gpo.gov/nara/cfr/waisidx_04/16cfr453_04.html

For more information regarding the examination, please contact the Board Clerk at (207)624-8626.



PRINTED ON RECYCLED PAPER

OFFICE PHONE: (207)624-8626

(888) 577-6690 (HEARING IMPAIRED)
OFFICES LOCATED AT: 76 NORTHERN AVENUE,
GARDINER, MAINE

FAX: (207)624-8637